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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6890

<b>SERIAL NUMBER</b> 09/705,985	<b>FILING OR 371(c) DATE</b> 11/03/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 2874-B
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of PCT/US99/10588 05/13/1999  
which claims benefit of 60/085,487 05/14/1998  
This application 09/705,985  
claims benefit of 60/110,836 12/03/1998  
and said PCT/US99/10588 05/13/1999  
is a CIP of 08/996,139 12/22/1997 PAT 6,017,729  
which claims benefit of 60/064,671 10/14/1997  
and claims benefit of 60/077,181 03/07/1997  
and is a CIP of 08/772,330 12/23/1996 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

22932

## TITLE

Method of inhibiting osteoclast activity

<b>FILING FEE RECEIVED</b> 782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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